



AUXILIARY ID CARD FORM			
Name:			
Last	First	MI	
Member Number:			
Status: <input type="checkbox"/> IQ (No Boating Class) <input type="checkbox"/> BQ (Took Boating Class) <input type="checkbox"/> AX (Passed all 6 Specialty courses)			
Date of Birth:			
Day	Month (SPELL OUT)	Year	
Weight:	Height:	Hair Color:	
Eye Color:	Blood Type:		
Expiration Date of Current Card Month/ Year:	BASIC ENTRY DATE (BED): _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> DAY YEAR </div>		
MONTH DIV & FLOTILLA:			
PHOTO: Attached <input type="checkbox"/> Emailed <input type="checkbox"/>			
<p>Email photos to: dirauxID@uscg.mil and/or fax form to (206) 220-7084</p> <p>Or send this form and floppy [PC Formatted] to:</p> <p>Commander (dpa) Thirteenth Coast Guard District 915 Second Ave, Rm 3498 Seattle, WA 98174-1067</p> <p>NOTE: All requests MUST be routed through the chain. Individual requests will not be honored. Use e-mail address for pictures only. Other issues should be directed through the chain of communications. (Revised 12/05/07)</p>			